

EMPLOYER REQUEST FOR ADDRESS CHANGE/CORRECTION

State Form 48812 (R / 7-05)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N SENATE AVE RM SE106 INDIANAPOLIS IN 46204-2277
Local: 317-232-7436 Toll Free: 1-800-891-6499 Fax: 317-233-2706

| TO: UI TAX RM SE106 | | | | DATE | |
|-------------------------------|--------------|-------|-----------|------------|------|
| (CONTACT PERSON) | | | | | |
| FROM: | | | ACCOUN | T NO. | |
| TELEPHONE NO. (| | | | | |
| FAX NO. (| | | | FEIN | |
| | | | | | |
| FROM: | NAME | | | | |
| | DBA | | | | |
| | | | | | |
| | ADDRESS | | | | |
| | CITY | | | STATE | |
| | ZIP | | | | |
| | | | | | |
| TO: | NAME | | | | |
| | DBA | | | | |
| | | | | | |
| | ADDRESS | | | | |
| | CITY | | | STATE | |
| | ZIP | | | COUNTY CO | DE |
| | TELEPHONE NO | · () | FAX NO. (|) | |
| PROCESSED BY: PROCESSED DATE: | | | | | |
| FROCESSED B1. | | | | NOOLOGED D | ΛIL. |